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**MAR 29 2006**

<p align="center"><b>TRANSMITTAL FORM</b></p> <p align="center">(to be used for all correspondence after initial filing)</p> <p>Total Number of Pages in This Submission: 7</p>	Application Number	10/017,640
	Filing Date	December 14, 2001
	First Named Inventor	William Matz
	Art Unit	3629
	Examiner Name	J. P. Ouellette
	Attorney Docket Number	BS01342

**ENCLOSURES**

(Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Faivre Walters</i>		
Date	MARCH 29, 2006		

**CERTIFICATE OF TRANSMISSION / MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Name (Print/Type)	Maureen M. Pettine	Date	03/29/2006
Signature	<i>Maureen M. Pettine</i>		

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: William Matz et al.      Group Art Unit: 3629  
Application No.: 10/017,640      Examiner: J. P. Ouellette  
Filed: December 14, 2001  
Title: "System and Method for Identifying Desirable Subscribers"

VIA FACSIMILE 571-273-8300

Attn: Examiner Jonathan Ouellette

## 37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 03/29/2006 (date of transmission).

Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

March 29, 2006

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the reference listed on the attached Form PTO 1449 (p. 1). The references cited are as follows:

2004/0261127      Freeman, Michael      12/23/2004

This Information Disclosure Statement is being submitted subsequent to the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97b(3)).

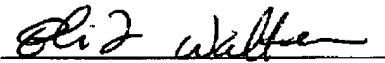
03/30/2006 MBINAS 00000005 10017640

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180.00 OP

It is respectfully requested that the reference listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters  
Attorney for Applicants  
Registration No. 45,197  
P. O. Box 5743  
Williamsburg, VA 23188  
Telephone: 757.253.5729

Date: MARCH 29, 2006

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# FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 10/017,640  
Filing Date December 14, 2001  
First Named Inventor William Matz  
Examiner Name J. P. Ouellette  
Art Unit 3629  
Attorney Docket No. BS01342

TOTAL AMOUNT OF PAYMENT

\$180.00

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other

☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

## The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee

☒ Credit any overpayments

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES			SEARCH FEES		EXAMINATION FEES	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	130	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	800	300	_____
Provisional	200	100	0	0	0	0	_____

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims

- 20 or HP =

Extra Claims

Fee (\$)

x \_\_\_\_\_

Fee Paid (\$)

= \_\_\_\_\_

Fee (\$)

Small Entity Fee (\$)

50

25

200

100

360

180

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims

- 3 or HP =

Extra Claims

Fee (\$)

x \_\_\_\_\_

Fee Paid (\$)

= \_\_\_\_\_

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### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

- 100 =

Extra Sheets

/ 50

\_\_\_\_\_ (round up) x

Fee (\$)

= \_\_\_\_\_

Fee Paid (\$)

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Supplemental IDS

Fee Paid (\$)

\_\_\_\_\_

\$180.00

### SUBMITTED BY:

Name (Print/Type)

Bambi F. Walters

Registration No.  
(Attorney/Agent)

45,197

Complete (if applicable)

Telephone:

(757) 253-5729

Signature

*Bambi F. Walters*

Date

MARCH 29, 2006

# FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 10/017,640

Filing Date December 14, 2001

First Named Inventor William Matz

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## FEE CALCULATION

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

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Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<u>Total Claims</u>	<u>Multiple Dependent Claims</u>	
_____ - 20 or HP = _____	Fee (\$)	Fee Paid (\$)
	_____	_____

HP=highest number of independent claims paid for, if greater than 3.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 3 or HP = _____		x _____	= _____

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<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/ 50	_____ (round up) x _____	= _____

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS

\$180.00

## SUBMITTED BY:

Complete (if applicable)

<u>Name (Print/Type)</u>	Bambi F. Walters	<u>Registration No. (Attorney/Agent)</u>	45,197	<u>Telephone:</u>	(757) 253-5729
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Signature

*Bambi F. Walters*

Date

MARCH 29, 2006

PTO/SB/DBA (08-00)

Approved for use through 10/31/2002. OMB 0851-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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